

## Abstracts

A55

is to characterize patient referrals between urologists and medical oncologists/hematologists (MOH) following diagnosis of Stage IV disease. **METHODS:** A retrospective analysis of linked Surveillance, Epidemiology, and Endpoints (SEER) – Medicare data included patients diagnosed with Stage IV PCa between 1994 and 2002 (age > 65 years). Patients who saw a MOH before the urologist visit were deleted. Patients were grouped according to M0/M1 substage. Time to physician visit, in months (m), was defined relative to diagnosis in the base case. **RESULTS:** Application of the inclusion and exclusion criteria resulted in 8840 patients (average age 77 years; 81% White; 68% M1 disease). Seventy-four percent of the patients visited a urologist. Of these, 33% followed up with a MOH. Of these, 41.5% saw the MOH within 6 m, 55.7% within 12 m, and 25% waited >24 m. The mean time to MOH visit was longer when a patient saw a urologist first, compared to when a patient did not see a urologist (20.1 m vs. 5.2 m;  $p < 0.0001$ ). M1 patients saw MOH sooner than M0 patients: 14.1 m vs. 27.5 m;  $p < 0.0001$ . Qualitative results were similar whether conditioned for a urologist visit (16.9 m vs. 29 m;  $p < 0.0001$ ) or conditioned for ‘no urologist visit’ (4.6 m vs. 11.1 m;  $p < 0.01$ ). **CONCLUSIONS:** Similar to other studies, we find that the majority of patients with Stage IV PCa see a urologist post diagnosis. About a third of patients who see a urologist are referred to a MOH and 25% wait more than 2 years to see the MOH. We find that the time to a MOH visit averages 20 months among those who first see a urologist versus 5 months among those who do not.

PCN98

# IMPACT OF RECENT ERYTHROPOIESIS-STIMULATING AGENT (ESA) POLICY CHANGES ON DOSING PATTERNS IN CANCER CHEMOTHERAPY PATIENTS

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**OBJECTIVES:** To examine epoetin alfa (EPO) and darbepoetin alfa (DARB) drug utilization in cancer chemotherapy patients before and after ESA coverage limitations by the Centers for Medicare and Medicaid Services National Coverage Determination (NCD). **METHODS:** Medical claims from the Ingenix Impact National Managed Care Database were analyzed. Patients included in the study were ≥18 years, had ≥1 claim for cancer, were newly initiated on EPO or DARB, and received chemotherapy during ESA treatment. Patients initiating ESA therapy between 8/2006–12/2006 (pre-NCD) were compared with those initiating between August 2007–December 2007 (post-NCD). The number of patients treated, dose per injection, cumulative drug utilization during the first 16 weeks of therapy, and dose ratio (cumulative dose EPO: DARB) were compared between the two groups. **RESULTS:** A total of 3951 ESA treatment episodes were identified (pre-NCD: 3046; post-NCD: 905). Patients in the post-NCD group were generally older (pre-NCD: 56.2 years; post-NCD: 58.7 years;  $p < 0.0001$ ) than the pre-NCD group. The number of patients receiving ESA in the post-NCD relative to pre-NCD period decreased by 61% (from 1057 to 411 patients) for EPO and 75% (from 1989 to 494 patients) for DARB. Furthermore, among the subset of treated patients in each period, total dose administered per patient within 16 weeks of treatment initiation decreased by 20% (Units: pre-NCD 251,902 vs. post-NCD 200,635) for EPO and 13% (mcg: pre-NCD 917 vs post-NCD 801) for DARB, despite stable dose per injection pre- and post-NCD. The EPO: DARB dose ratio was higher in the pre-NCD group (274:1) than the post-NCD group (250:1). **CONCLUSIONS:** Recent changes to ESA coverage policy appear to have decreased ESA utilization and the corresponding EPO: DARB dose ratio. Further research is warranted to assess this impact on the demand for blood transfusions.

PCN100

# EVALUATING THE EFFECTIVENESS OF PRIMARY PROPHYLACTIC G-CSF UTILIZED AS AN ADJUNCT TO CHEMOTHERAPY IN BREAST CANCER PATIENTS

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**OBJECTIVES:** More and more evidences support the granulocyte-colony stimulating factor (G-CSF) use as a primary prophylaxis in breast cancer patients treated with high risk of febrile neutropenia(FN). Although National Comprehensive Cancer Network have the practice guidance, Bureau of National Insurance in Taiwan doesn't approve the claim for the indication. The aim of this study was to evaluate the effectiveness of G-CSF for preventive treatment of FN. **METHODS:** The retrospective study was conducted from January 1, 2001 to December 31, 2006. Breast cancer patients treated with taxanes-based regimens simultaneously combined with primary prophylactic G-CSF were recruited in this study. The three regimens were TEC, FEC+P and TE (C, cyclophosphamide; E, epirubicin; F, fluorouracil; P, paclitaxel; T, docetaxel). ANOVA and Chi-square were used to analyze the relationship of the decline of incidence of FN by using primary G-CSF prophylaxis between different regimens. **RESULTS:** Finally, 128 patients were eligible in the study. The results show the baseline laboratory data of breast cancer patients in TEC group is in normal range compared to others. However, the laboratory data of TEC group appeared worse than others after G-CSF was given at the dose of 5 mg/kg. Under the primary prophylactic G-CSF policy, the incidence of FN in TEC group was higher than TE groups (4.7% versus 0.6%), but no FN appeared in FEC+P regimen. It showed that TEC regimen have more bone-marrow suppression effect than others. Our finding also indicated a better results decrease FN by using G-CSF as a prophylaxis as compared to other published studies.(episodes of FN in our study were lower than published = 2.4% versus 7.5%)

**CONCLUSIONS:** The study showed the beneficial effect of declining the occurrence of FN. We hope that the use of primary prophylactic G-CSF should be considered as a guideline for clinical practice to improve patient's quality of life.

PCN101

# BREAST CANCER SCREENING OR DIAGNOSTIC PROCEDURES IN POSTMENOPAUSAL WOMEN INITIATING OSTEOPOROSIS MEDICATIONS

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**OBJECTIVES:** This study evaluated the use of breast cancer (BC) screening or diagnostic procedures in postmenopausal women (PMW) initiating osteoporosis (OP) medications. **METHODS:** Women 50 years and older with at least one claim for raloxifene (RLX), bisphosphonates (BIS) or calcitonin (CT) in 2005 or 2006 and continuous enrollment in the previous and subsequent 12 months were identified in a large national commercial and Medicare claims database. PMW initiating RLX were compared to PMW initiating BIS and CT in terms of BC screening or diagnostic procedures (mammogram, breast MRI, ultrasound, breast biopsy) as well as age, provider specialty, fractures, BMD screening and comorbidities. **RESULTS:** Treatment-naïve PMW aged 55–59 years were more likely to initiate RLX than other age groups (Adjusted Odds Ratio (AOR) = 1.864 vs. aged 70+ years;  $p < 0.0001$ ). RLX patients were younger than BIS and CT patients (mean age 63 years [RLX], 66 years [BIS], 72 years [CT];  $p < 0.05$ ). Treatment-naïve PMW with at least one BC screening or diagnostic claim within the 12 month pre-period were more likely to initiate on RLX than those with none during the same period (AOR = 1.183,  $p < 0.0001$ ). Treatment-naïve RLX patients were more likely to have had BC screening or diagnostic procedures in the 12 months prior to therapy initiation than treatment-naïve BIS or CT patients (RLX 61%, BIS 57%, CT 41%;  $p < 0.05$ ) and were more likely to have an increased frequency of mammograms in the 12 months after therapy initiation (RLX 18%, BIS 16%, CT 15%,  $p < 0.05$ ). **CONCLUSIONS:** In this study population, PMW who initiated RLX treatment were more likely to have had BC screening or diagnostic procedures prior to initiating therapy than PMW on other OP medications. This data suggests that PMW who initiate on RLX may have greater perceived or actual risks for BC than PMW who initiate on other therapies.

PCN102

# IMPACT OF RADIOTHERAPY SEQUENCE WITH SURGERY ON SURVIVAL FOR PATIENTS WITH RESECTABLE COLORECTAL CANCER

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**OBJECTIVES:** Preoperative or postoperative radiotherapy has been used to decrease local recurrence and thereby improve survival. Previous studies comparing these two types of treatments have given conflicting results. The study aims to compare the efficiency of preoperative versus postoperative radiotherapy in terms of survival for resectable colorectal cancer (Stage II and III). **METHODS:** The study has been carried out on patients with resectable colorectal cancer in stage II and III. It is based on the data recorded by National Cancer institute, Surveillance Epidemiology and End Results (SEER) 17 registries data between year 1999 and 2005. Survival analysis was used to assess the patients exposed to radiotherapy as an adjuvant therapy before or after surgery and a comparison of survival time in between the two groups was done using the log rank test. **RESULTS:** A total of 12,134 patients were subjected to radiotherapy as adjuvant therapy. Out of which 7481 were administered with radiation after surgery and 4653 patients with radiation prior to surgery were taken into consideration for the study. Patients who have been administered radiotherapy after surgery have shown longer survival time (43 months) than patients administered with radiotherapy before surgery (33 months) ( $p = 0.000$ ). The survival time difference may also be attributable to the Stage of the cancer. The survival time for Stage III patients receiving radiation after surgery is longer than patients administered with radiation before surgery (43 months vs. 29 months;  $p = 0.000$ ). No significant survival difference was observed in Stage II patients. **CONCLUSIONS:** The study should assist the clinician in forming a preliminary opinion for further investigations pertaining to the sequence of radiation with surgery as adjuvant therapy for resectable colorectal cancer. Further studies should also investigate the influence of demographics, dose of radiation and co-morbidity on survival time in the resectable colorectal cancer cases.

PCN103

# SCREENING MAMMOGRAPHY TRENDS AMONG WOMEN IN A FEE-FOR-SERVICE MEDICAID POPULATION

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**OBJECTIVES:** Screening mammography is regarded as the gold standard for identifying breast cancer in early stages. The American Cancer Society (ACS) recommends annual screening mammography for all women ≥40 years of age with an average risk of breast cancer for early cancer detection. Mammography rates generally tend to be lower among indigent women. The purpose of this study was to determine annual mammography screening trends from 2000 to 2005 among fee-for-service women recipients enrolled in a state Medicaid program based on demographic and geographic characteristics. **METHODS:** Fee-for-service medical claims for all women enrolled in the state Medicaid program from January 1, 2000 to December 31, 2005 were used.